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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							Application Number	Filing Date		
							09/888,114			
							Applicant(s)			
							* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend
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Total Indep							Total Indep			
Total Depend							Total Depend			
Total Claims							Total Claims			

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